



Overnight Field Trip Permission Form

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to the Beijing International Model United Nations conference (BEIMUN) at Beijing Crowne Plaza Sun Palace on 10 March – 14 March. We understand that transportation will be by BUS, AIRPLANE, and TAXI, and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our child to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless the International Schools Foundation and Shanghai Community International School / Hangzhou International School, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of the medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or the hospital if an accident or serious illness occurs on this trip and I cannot be located.

In the event that a student must return to Hangzhou independently for reasons of health, accident, failure to conform to the rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation, and other incidental expenses. The permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

Student name (please print)

Parent or guardian (signed)

Date

Parent's phone number for emergency purposes

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